

TRUSTEE-TO-TRUSTEE TRANSFER FROM OTHER SECTION 457 PLANS TO RSA-1 RSA-1 DEFERRED COMPENSATION PLAN

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Please type or print using black ink.

PART I MEMBER INFORMATION

Name _____ Social Security No. _____ - _____ - _____
First Middle/Maiden Last

Home Address _____ Home Telephone (____) _____
Street or P. O. Box

City _____ State _____ Zip Code _____ Work Telephone (____) _____

Employer _____ Date of Birth ____/____/____
Month Day Year

Member of: ☐ ERS/JRF ☐ TRS ☐ Other

PART II PREVIOUS 457 PLAN INFORMATION

(All items in this section must be completed including the signature of the Trustee Official of the plan from which funds will be transferred)

Name of Section 457 Deferred Compensation Plan: _____

Contact Person: _____ Telephone No.: (____) _____

Address: _____
Street Address or P. O. Box City State Zip Code

Account Number with Trustee: _____ Qualified Transfer Amount _____

Deferrals prior to 1997 which were not previously tax deferred for state of Alabama purposes: _____

Signature of Trustee Official _____ Date _____

SIGNATURE OF TRUSTEE OFFICIAL AFFIRMS THAT:

- These funds are from a Section 457(b) plan;
- These funds do not include funds rolled over from any plan type other than a Section 457(b) plan (such as rollovers from Section 401a, 401k, 403b, or Traditional IRAs);
- Any deferrals prior to 1997 which were not previously tax deferred for state of Alabama purposes have been noted above; and
- These funds do not represent a Minimum Required Distribution or Unforeseen Emergency Distribution.

PART III PAYMENT INSTRUCTIONS FOR PREVIOUS PLAN TRUSTEE

Make check payable to:

RSA-1 Deferred Compensation Fund
FBO: Participant's Name

Mail check to:

RSA-1 Deferred Compensation Fund
P. O. Box 302150
Montgomery, Alabama 36130-2150

The member must sign and have this form notarized on reverse side.

PART IV AUTHORIZATION AND SIGNATURE OF MEMBER

I hereby authorize the Trustee Official in Part II to transfer \$ _____ to my **existing** RSA-1 Deferred Compensation Plan account.

SIGNATURE OF MEMBER AFFIRMS THAT:

- These funds are from a Section 457(b) plan;
- These funds do not include funds rolled over from any plan type other than a Section 457(b) plan, such as rollovers from Section 401a, 401k, 403b, or Traditional IRAs;
- These funds do not represent a Minimum Required Distribution or Unforeseen Emergency Distribution; and
- These funds are not one of a series of substantially equal periodic payments (not less frequently than annually) distributed over my life or life expectancy (or the joint lives of me and my beneficiary) or over a period equal to or greater than 10 years.

SIGNATURE OF MEMBER INDICATES THAT:

- I understand I must either **enroll in** or have an **existing account** with the RSA-1 Deferred Compensation Plan prior to the trustee-to-trustee transfer.
- I understand I must complete and submit an INVESTMENT OPTION ELECTION form for trustee-to-trustee transfers from other Section 457 plans. If this form is not received, the transferred funds will be invested in the RSA-1 fixed investment option.
- I understand this form must be completed and approved **prior to** the trustee-to-trustee transfer.
- I understand if the signature of the previous plan official or information from the previous plan is missing, it could result in delaying this transfer.

NOTE: Submit this form **in advance** of the **trustee-to-trustee transfer of funds** to RSA-1 at the address above in order to provide sufficient processing time.

Signature of RSA-1 Member in the Presence of a Notary _____ **Date** _____

STATE OF _____, COUNTY OF _____

On this _____ day of _____, 20____ before me, the undersigned authority, a Notary Public in and for said County and State, personally appeared before me, the above named individual, known to me to be the person who subscribed to the foregoing instrument.

Signature of Notary Public _____

Seal

My Commission Expires _____

INSTRUCTIONS

- Type or print in black ink.
- Part I must be completed by the member.
- Part II must be completed by the Trustee Official of the plan from which you wish to transfer funds. The Trustee Official must complete **all** items in Part II and sign the form before the transfer can be completed.
- Part IV must be completed by the member.
- Mail the form to the address at the top of this form.
- Once RSA-1 has received the completed form, RSA-1 will send a letter of acceptance to the Trustee Official.